

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E Certificate for
Household Goods from Luxury Movers Moving
Company, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2020 - 54 - T

If this is your first time filing an application with the PSC, you will have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Darius FrazierTelephone: (843) 246-2097Address: 178 Sago Palm Dr.

Fax: _____

Myrtle Beach, SC 29579

Other: _____

Email: luxurymovers@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☒ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

RECEIVED

FEB 10 2020

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 01/17/2020

☒ E (HHG) - Household Goods

☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application

☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. Luxury Movers Moving Company, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

178 Sago Palm Dr. Myrtle Beach, SC 29579

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 246-2097

Phone

FAX

luxurymovers@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Maurice Gwilliam - 178 Sago Palm Dr. Myrtle Beach, SC 29579

Darius Frazier - 119 Rockdale St. Myrtle Beach, SC 29579

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	Ø N/A	Mortgage/Loan on Real Estate	N/A
Value of Motor Vehicles	Ø N/A	Loans Owed on Motor Vehicles	N/A
Cash on Hand	N/A	Business/Other Loans Owed	N/A
Cash in Bank	\$ 10,000	Other Liabilities or Debts	N/A
Value of Other Assets and Equipment	\$ 2,000	Total Liabilities	N/A
Total Assets	\$ 12,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Hourly Rates (minimum of 2 Hrs)

2 Men - \$ 85/Hr

3 Men - \$ 115/Hr

4 Men - \$ 145/Hr

5 Men - \$ 175/Hr

Local Move (Round trip 40 mi or less) Truck Fee = \$100/day

Non-local Move (Round trip 41 mi or more) Truck Fee (\$100) + \$3/mi

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Penske	2014 Hino 268	2684 Box Truck	25,950 lbs
* Not Yet Purchased *			

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Luxury Movers Moving Company, LLC
Name of Applicant

178 5ago Palm Dr. Myrtle Beach, SC 29579
Address of Applicant

Amount of Premium:

Liability Insurance \$ \$11,353
Cargo Insurance \$ \$1,400

Limits Quoted: (See Below)

Limits \$1,000,000
Limits \$20,000

* Attach Certificate of Insurance if available.

Jackson Sumner and Associates / Progressive Commercial
Name of Insurance Company

P.O. Box 2540 Boone, N.C. 28607 / 6300 Wilson Mills Rd. Mayfield Village, OH 44114
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Luxury Movers Moving Company, LLC

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes ☒ No

If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

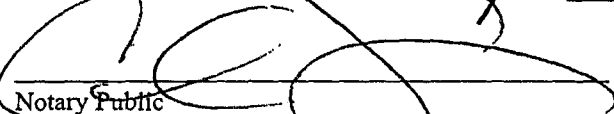
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

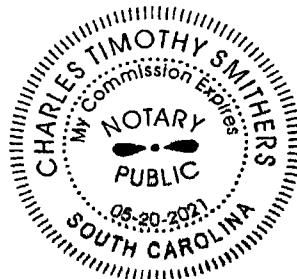
Co-Owners
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Horry)

SWORN TO BEFORE ME
This 3 day of February, 20 20


Notary Public

Commission Expires 05/20/2021



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Luxury Movers Moving Company, LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

I, Luxury Movers Moving Co, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

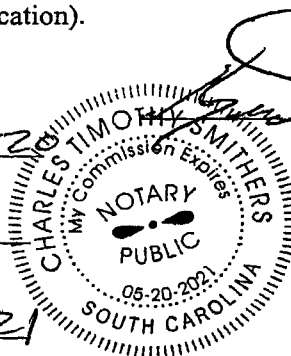
SWORN TO BEFORE ME

This 3 day of February, 20 2021

Notary Public

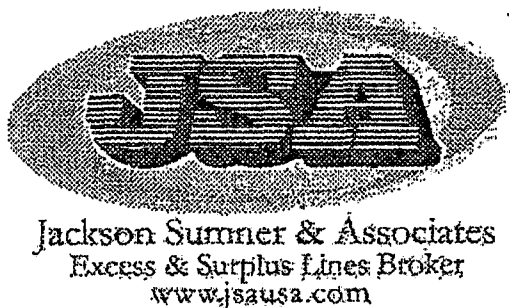
Commission Expires

05/20/2021



Applicant's Signature

Print Application



If you would like to bind this quote, check the button below and fax/email this to us along with any signed forms needed.

☐ Bind this quote

Desired Effective Date: _____

Agent Signature: _____

Date: 01/30/2020

Agency: Moore & Assoc of Surfside Inc

JSA Underwriter: Amanda Baker

Attn: Linda Milligan

Company Quoted: Great American Insurance Company
AM Best Rating: A+ XIV

Applicant: Luxury Movers Moving Company
151 Augusta Palntation Dr Unit S
Myrtle Beach SC 29579

Policy Term Quoted: Annual

☒ New
JSA Quote #: AU151531

☐ Renewal of:
Expiration Date:

Quote expiration: ☒ 30 days
☐

Premium: \$ 1,400.00 (minimum & deposit)

Items needed prior to binding: Completed & signed Great American cargo application, Full unit information

Items needed if coverage is bound:

Comments: Please call with any questions or to bind coverage.

Thank you,
Amanda Baker

Please review this quote carefully as it may not contain all requested coverages and limits. You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.

North Carolina • South Carolina • Virginia • Georgia • Tennessee • Maryland
PO Box 2540 Boone, NC 28607 | 800-342-5572 | jsausa.com

Motor Truck Cargo:Limits:

Any One Unit: \$ 20,000
 Any One Loss: \$ 20,000

Deductible: \$ 1,000

Applicable to Automobile Carriers Only:

Per Auto Limit: \$ N/A

Per Auto Deductible: \$ N/A

Per Load Deductible: \$ N/A

Optional Coverages:

☐ **MTC Additional Coverage Plus** (see CM8274 for limits)

☐ **Refrigeration Breakdown:**

Refrigeration Breakdown Deductible: \$

☐ **Non Owned Container and Trailer Interchange:**Limits:

Any One Unit: \$
 Any One Loss: \$

Deductible: \$

☐ **Pollutant Clean up and Removal:**

Limits: Aggregate Limit: \$

Rate/Rating Basis:

Units:

1 Box Truck - TBD

Number of Minor Violations: 0

Number of Drivers: 2

Rate per Unit: \$ 1,400

Radius: 300 miles or less

Commodities:

Household Goods

Losses: None

Additional Comments:

Please review this quote carefully as it may not contain all requested coverages and limits. You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.

North Carolina • South Carolina • Virginia • Georgia • Tennessee • Maryland
 PO Box 2540 Boone, NC 28607 | 800-342-5572 | jsausa.com

Cargo Forms (Mandatory):

- | | |
|--|--|
| <input checked="" type="checkbox"/> 0790PIM-C (12/15) GAIG Policy Cover Page | <input checked="" type="checkbox"/> CM0001 (09/04) Commercial Inland Marine Conditions |
| <input checked="" type="checkbox"/> CM7600 (09/00) Inland Marine Coverage Part Dec Page | <input checked="" type="checkbox"/> CM7676 (07/04) Motor Truck Cargo Dec (Carrier's Liability) |
| <input checked="" type="checkbox"/> CM7677 (07/04) Motor Truck Cargo Coverage Form (Carrier's Liability) | <input checked="" type="checkbox"/> CM8282 (03/09) Diminishing Deductible Endorsement for Loss-Free Experience |
| <input checked="" type="checkbox"/> CM7686 (06/08) Scheduled Motor Vehicles Endorsement | <input checked="" type="checkbox"/> IL0017 (11/98) Common Policy Conditions |
| <input checked="" type="checkbox"/> CM8656 (11/18) Marijuana Exclusion | <input checked="" type="checkbox"/> IL7268 (09/09) In Witness Clause |
| <input checked="" type="checkbox"/> CM8801 (11/85) Forms and Endorsements Schedule | <input checked="" type="checkbox"/> IL7324 (08/12) Economic and Trade Sanctions Clause |
| <input checked="" type="checkbox"/> IL7001 (10/07) Policy Common Declarations | <input checked="" type="checkbox"/> SDM329 (08/15) Excl. of Certain Computer Related Losses |
| <input checked="" type="checkbox"/> IL7273 (08/08) Loss Prevention Services | <input checked="" type="checkbox"/> SDM654 (09/07) Motor Truck Cargo Coverage Form Carrier's Liability - Bills of Lading and Other Written Contracts |
| <input checked="" type="checkbox"/> IL8801 (11/85) Forms and Endorsements Schedule | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SDM975 (01/18) Policyholder Notice Regarding Claims | |

Cargo Forms (Class Specific):

- | | |
|---|---|
| <input type="checkbox"/> BMC32 (05/09) Endorsement for Motor Common Carrier Policies of Insurance for Cargo Liability under Section 215 | <input type="checkbox"/> CM7682 (07/04) Specified Cause of Loss Endorsement |
| <input type="checkbox"/> CM7681 (07/04) Spoilage or Freezing Endorsement | <input checked="" type="checkbox"/> CM8328 (10/10) Household Goods/Furniture Movers Endorsement |
| <input type="checkbox"/> CM7717 (07/04) Owners Goods Extension Endorsement | <input type="checkbox"/> CM7933 (07/04) Coinsurance Endorsement |
| <input type="checkbox"/> CM7932 (06/06) Driver Exclusion | <input type="checkbox"/> CM7938 (07/04) Non-Owned Container & Trailer Interchange |
| <input type="checkbox"/> CM7932 (07/04) Driver Exclusion (VA) | <input type="checkbox"/> CM8152 (08/05) Mobile Home Movers Endorsement |
| <input type="checkbox"/> CM7936 (07/04) Pollutant Clean Up & Removal | <input type="checkbox"/> CM8802 (11/85) Theft from "Unattended" Vehicle Excl. (GA) |
| <input type="checkbox"/> CM8112 (06/10) Automobile Carriers End. Coverage | <input type="checkbox"/> CM8802 (11/85) Trash Hauler Endorsement |
| <input type="checkbox"/> CM8113 (12/08) Detached Trailer Theft Exclusion | <input type="checkbox"/> |
| <input type="checkbox"/> CM8274 (06/08) Motor Truck Cargo Additional Coverage Plus Endorsement | <input type="checkbox"/> |
| <input type="checkbox"/> CM8603 (01/16) Theft from "Unattended" Vehicle Excl. | |
| <input type="checkbox"/> CM8802 (11/85) Seafood Exclusion Endorsement | |
| <input type="checkbox"/> MC2444 (04/68) Form 1 - Uniform Motor Carrier Cargo Insurance Endorsement | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

Terrorism Forms (TRIA):

- IL0952 (01/15) Cap on Losses from Certified Acts of Terrorism
 IL7368 (04/15) Disclosure Pursuant to Terrorism Risk Insurance Act

State Forms:

- GA-All Policies: CM0142 (03/13) Georgia Changes:
 IL0262 (02/15) Georgia Changes - Cancellation & Nonrenewal
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
- NC-All Policies: CM0103 (02/14) North Carolina Changes
 IL0269 (09/08) North Carolina Changes - Cancellation & Nonrenewal
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
 SDM639 (04/07) Flood, Mudslide, Mudflow and Landslide Losses Not Covered Advisory Notice to Policyholders
 SDM640 (04/07) Earthquake and Landslide Losses Not Covered Advisory Notice to Policyholders
- SC-All Policies: CM0122 (09/00) South Carolina Changes - Legal Action Against Us
 IL0249 (09/08) South Carolina Changes - Cancellation & Nonrenewal
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
- TN-All Policies: IL0250 (09/08) Tennessee Changes - Cancellation & Nonrenewal
 IL0935 (07/12) Exclusion of Certain Computer-Related Losses
- VA-All Policies: CM0124 (09/00) Exclusion of Certain Computer-Related Losses - Virginia
 IL0106 (04/15) Virginia Changes - Appraisal
 IL0212 (01/12) Virginia Changes
 SDM295 (11/16) Important Information to Virginia Policyholders

Please review this quote carefully as it may not contain all requested coverages and limits. You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.

MAURICE GILLIAM
DBA: LUXURY MOVERS MOVING COMP
178 SAGO PALM DRIVE
MYRTLE BEACH, SC 29579

Underwritten by:
Progressive Northern Insurance Co
January 29, 2020
Policy Period: Feb 1, 2020 - Feb 1, 2021
Page 1 of 2

Customer Phone number: 1-843-246-2097

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$11,353.00
Paid in full discount	-1682.00
Policy premium if paid in full	\$9,671.00

Payment plans

Payment Method: 11 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$11,353.00	\$1,894.22	10 payments of \$948.88
10 Payments, 20.0% Down	\$11,353.00	\$2,272.20	9 payments of \$1,011.98
6 Pay, Seasonal, 20.0% Down	\$11,353.00	\$2,272.20	5 payments of \$1,819.16
10 Payments, 25.0% Down	\$11,353.00	\$2,839.75	9 payments of \$948.92
4 Pay, Seasonal, 25.0% Down	\$11,353.00	\$2,839.75	3 payments of \$2,840.75

Make payments by mail or at progressiveagent.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$11,353.00	\$1,894.22	10 payments of \$951.88
10 Payments, 20.0% Down	\$11,353.00	\$2,272.20	9 payments of \$1,014.98
6 Pay, Seasonal, 20.0% Down	\$11,353.00	\$2,272.20	5 payments of \$1,822.16
10 Payments, 25.0% Down	\$11,353.00	\$2,839.75	9 payments of \$951.92
4 Pay, Seasonal, 25.0% Down	\$11,353.00	\$2,839.75	3 payments of \$2,843.75
4 Pay, Quarterly, 25.0% Down	\$11,353.00	\$2,839.75	3 payments of \$2,843.75
1 Payment	\$9,671.00	\$9,671.00	None
2 Payments, 50.0% Down	\$11,353.00	\$5,677.50	1 payment of \$5,681.50

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-238-1416**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
MAURICE GILLIAM			1	
DARIUS FRAZIER			1	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$11,192
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			72
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			68
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		19
Subtotal policy premium			\$11,351
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$11,353

Auto coverage schedule

- 2010 GMC TRUCK**
VIN: Garaging Zip Code: 29579 Territory: 1:1 Radius: 300 miles
Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Med Pay	Auto Total
	\$11,192	\$53	\$63	\$19	\$5	\$19	\$11,351

Form QTE (05/08)

Jan 10 2020

REFERENCE ID: 454806

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT
LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN**

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is:

Luxury Movers Moving Company LLC

2. The limited liability company is (check either "a" or "b", whichever is applicable):



a. A South Carolina limited liability company.



b. A foreign limited liability company authorized to transact business in South Carolina.

3. a. The South Carolina street address of the current designated office for the limited liability company is:
151 AUGUSTA PLANTATION DRIVE UNIT S

(Street Address)

MYRTLE BEACH, South Carolina 29579

(City, State, Zip Code)

- b. The name of the company's current agent for service of process is:

Maurice Gilliam

(Name)

- c. The South Carolina street address of the current registered agent's office is:
151 Augusta Plantation Drive Unit S

(Street Address)

Myrtle Beach, South Carolina 29579

(City, State, Zip Code)

4. Check and complete all boxes (a-c) that apply.



a. The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is:
178 Sago Palm Drive

(Street Address)

Myrtle Beach, South Carolina 29579

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 10 2020

REFERENCE ID: 454806

Musk Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Luxury Movers Moving Company LLC

Name of Limited Liability Company

- ☐ b. The company is changing its agent for service of process.

The name of the company's new agent for service of process is:

(Name)

I hereby consent to the appointment as registered agent.

(Agent's Signature)

- ☒ c. The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:
178 Sago Palm Drive

(Street Address)

Myrtle Beach, South Carolina 29579

(City, State, Zip Code)

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date _____
(Date)

Date: 12/31/2019

Signed as Authorized Signature: Maurice Gilliam

(Signature)

Maurice Gilliam

(Print Name)

Capacity/Position of Person Signing (You must check one box.)

- ☒ Manager ☐ Member ☐ Organizer
☐ Fiduciary ☐ Attorney-in-Fact